



State of Arizona Board of Psychologist Examiners

CHANGE OF ADDRESS/INFORMATION FORM

- 1) The Board will use your business address for public records. If you do not have a business address, the Board will use your home address for public records.
- 2) If you wish to change your name, the Board requires a copy of a marriage license, divorce decree, or other court document.
- 3) According to **A.R.S. §32-2066(B)**, a licensee must inform the Board of any address change within 30 days.

Current Name: _____

☐ **Change Name To:** _____

License #: _____

HOME Address: _____

Phone: _____ **email:** _____

BUSINESS Address: _____

Phone: _____ **email:** _____

*** PLEASE NOTE: Our database allows for two address fields. Unless otherwise noted below, your business address will be the PUBLIC address.**

☐ **Use my HOME address as my PUBLIC address.**

Signature of Licensee: _____

Return Form To:

**Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix, AZ 85007**

Fax: (602) 542-8279